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VOLUME V

# MEDICAID MANAGEMENT INFORMATION SYSTEM

## GENERAL SYSTEMS DESIGN FOR TITLE XIX

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Service

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THE APPENDIX CONTAINS THE FOLLOWING MEDICAID MANAGEMENT INFORMATION SYSTEM GENERAL SYSTEMS DESIGN DOCUMENTATION: A GLOSSARY WHICH INDICATES THE SPECIALIZED MEANING OF VARIOUS TERMS USED IN THE DESIGN DOCUMENTATION; AND DATA ELEMENT DEFINITIONS WHICH PROVIDE AN EXPLANATION OF EACH DATA ELEMENT, AND WHERE APPLICABLE, A RECOMMENDED CODE STRUCTURE.

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# MEDICAID
# MANAGEMENT INFORMATION SYSTEM

## GENERAL SYSTEMS DESIGN
## FOR TITLE XIX

VOLUME V: Appendix
-Glossary
-Data Element Dictionary

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social And Rehabilitation Service
Associate Administrator For Information Systems

Division of Medicaid Systems

SRS-75-06005

MEDICAID
MANAGEMENT INFORMATION SYSTEM

GENERAL SYSTEMS DESIGN

TABLE OF CONTENTS


| | | PAGE NUMBER |
|---|---|---|
| VOLUME I | INTRODUCTION | |
| | A. General | ix |
| | B. Documentation Organization | ix |
| | C. Flowchart Symbol Explanation | x |
| | D. Documentation Nomenclature | xiii |
| | E. Transmittal of Revisions | xiv |
| Section I | MODEL SYSTEM OVERVIEW | |
| | A. Background | I-1 |
| | B. Objective | I-2 |
| | C. General Design Considerations | I-2 |
| | 1. Design Scope | I-2 |
| | 2. General Design Usage | I-2 |
| | 3. Modular Design Concept | I-3 |
| | 4. Equipment Configuration | I-4 |
| | D. Adoption of the Model System | I-5 |
| | E. Management Narratives | I-6 |
| | 1. Recipient Subsystem | I-9 |
| | 2. Provider Subsystem | I-10 |
| | 3. Claims Processing Subsystem | I-10 |
| | 4. Reference File Subsystem | I-12 |
| | 5. Surveillance and Utilization Review Subsystem | I-12 |
| | 6. Management and Administrative Reporting Subsystem | I-13 |
| | F. Model System Highlights | I-14 |
| | G. Model System Key Information Flow | I-15 |
| Section II | RECIPIENT SUBSYSTEM | |
| | A. Subsystem Summary | II-1 |
| | 1. Objectives | II-1 |
| | 2. General Description | II-1 |
| | 3. Information Flow Diagram | II-4 |
| | B. Design Elements | II-7 |
| | 1. Constraints and Assumptions | II-7 |
| | 2. Design Considerations | II-8 |
| | 3. Controls and Audit Trails | II-14 |
| | C. Processing Flow | II-17 |
| | 1. Introduction | II-17 |
| | 2. Functional Flow Diagram | II-17 |
| | 3. Module Descriptions | II-21 |

| | | PAGE NUMBER |
|---|---|---|
| | D. Subsystem Outputs | II-69 |
| | E. Subsystem Inputs | II-109 |
| | F. Subsystem Files | II-125 |
| | G. Data Element Input/Output Matrix | II-135 |
| Section III | PROVIDER SUBSYSTEM | |
| | A. Subsystem Summary | III-1 |
| | 1. Objectives | III-1 |
| | 2. General Description | III-1 |
| | 3. Information Flow Diagram | III-3 |
| | B. Design Elements | III-7 |
| | 1. Constraints and Assumptions | III-7 |
| | 2. Design Considerations | III-7 |
| | 3. Controls and Audit Trails | III-12 |
| | C. Processing Flow | III-14 |
| | 1. Introduction | III-14 |
| | 2. Functional Flow Diagram | III-14 |
| | 3. Module Descriptions | III-17 |
| | D. Subsystem Outputs | III-56 |
| | E. Subsystem Inputs | III-94 |
| | F. Subsystem Files | III-112 |
| | G. Data Element Input/Output Matrix | III-121 |
| VOLUME II | INTRODUCTION | |
| | A. General | vii |
| | B. Documentation Organization | vii |
| | C. Flowchart Symbol Explanation | viii |
| | D. Documentation Nomenclature | xi |
| Section IV | CLAIMS PROCESSING SUBSYSTEM | |
| | A. Subsystem Summary | IV-1 |
| | 1. Objectives | IV-1 |
| | 2. General Description | IV-1 |
| | 3. Information Flow Diagram | IV-2 |
| | B. Design Elements | IV-7 |
| | 1. Constraints and Assumptions | IV-7 |
| | 2. Design Considerations | IV-7 |
| | 3. Controls and Audit Trails | IV-10 |
| | C. Processing Flow | IV-13 |
| | 1. Introduction | IV-13 |
| | 2. Functional Flow Diagram | IV-14 |
| | 3. Module Descriptions | IV-16 |
| | D. Subsystem Outputs | IV-85 |
| | E. Subsystem Inputs | IV-125 |
| | F. Subsystem Files | IV-143 |
| | G. Data Element Input/Output Matrix | IV-179 |

PAGE NUMBER

Section V REFERENCE FILE SUBSYSTEM

A. Subsystem Summary V-1
1. Objectives V-1
2. General Description V-1
B. Design Elements V-3
1. Constraints and Assumptions V-3
2. Design Considerations V-3
3. Controls and Audit Trails V-4
C. Processing Flow V-5
1. Introduction V-5
2. Functional Flow Diagram V-5
3. Module Descriptions V-9
D. Subsystem Outputs V-25
E. Subsystem Inputs V-41
F. Subsystem Files V-49
G. Data Element Input/Output Matrix V-63

VOLUME III INTRODUCTION

A. General vii
B. Documentation Organization vii
C. Flowchart Symbol Explanation viii
D. Documentation Nomenclature ix

Section VI SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM

A. Subsystem Summary VI-1
1. Objectives VI-1
2. General Description VI-1
B. Design Elements VI-7
1. Constraints and Assumptions VI-7
2. Design Considerations VI-8
3. Controls and Audit Trails VI-11
C. Processing Flow VI-13
1. Introduction VI-13
2. Functional Flow Diagram VI-15
3. Module Descriptions VI-17
D. Subsystem Outputs VI-67
1. Management Summary Reports VI-69
2. Summary Profile Reports VI-141
3. Treatment Analysis Reports VI-229
4. Claim Detail Reports VI-245
5. Requested Special Reports VI-253
E. Subsystem Inputs VI-259
F. Subsystem Files VI-299

| | | PAGE NUMBER |
|---|---|---|
| VOLUME IV | INTRODUCTION | |
| | A. General | vii |
| | B. Documentation Organization | vii |
| | C. Flowchart Symbol Explanation | viii |
| | D. Documentation Nomenclature | xi |
| Section VII | MANAGEMENT AND ADMINISTRATIVE REPORTING SUBSYSTEM | |
| | A. Subsystem Summary | VII-1 |
| | 1. Objectives | VII-1 |
| | 2. General Description | VII-2 |
| | 3. Information Flow Diagram | VII-7 |
| | B. Design Elements | VII-13 |
| | 1. Constraints and Assumptions | VII-13 |
| | 2. Design Considerations | VII-15 |
| | 3. Controls and Audit Trails | VII-18 |
| | C. Processing Flow | VII-21 |
| | 1. Introduction | VII-21 |
| | 2. Functional Flow Diagram | VII-22 |
| | 3. Module Descriptions | VII-25 |
| | D. Subsystem Outputs | VII-57 |
| | 1. Outputs List | VII-59 |
| | a. Administrative Area | VII-59 |
| | b. Operations Area | VII-60 |
| | c. Provider Relations Area | VII-60 |
| | d. Recipient Relations Area | VII-62 |
| | E. Subsystem Inputs | VII-243 |
| | F. Subsystem Files | VII-261 |
| | G. Data Element Input/Output Matrix | VII-269 |
| | H. Work Item Input/Output Matrix | VII-271 |
| VOLUME V | | |
| Section VIII | APPENDIX | |
| | A. Glossary | VIII-3 |
| | B. Data Element Dictionary | VIII-19 |

# MEDICAID

# MANAGEMENT INFORMATION SYSTEM

## SECTION VIII

## APPENDIX

SECTION VIII

APPENDIX

TABLE OF CONTENTS


| | | PAGE NUMBER |
|---|---|---|
| A. | APPENDIX A: GLOSSARY | VIII-3 |
| B. | APPENDIX B: DATA ELEMENT DICTIONARY | VIII-19 |

# APPENDIX A

# GLOSSARY

The glossary is provided to define those words, terms, and phrases whose content and/or meaning are unique to the Medicaid Program and the Model Medicaid Management Information System. System data elements which are defined in the Data Element Dictionary are not repeated here except for those elements which may assume additional meanings when used in a context other than that of a Data Element.

# GLOSSARY

| TERM | DEFINITION |
|---|---|
| Accretion | An addition to a file or list (e.g., the monthly additions to the Medicare Buy-In List). |
| Adjudicate | To determine whether a claim (credit, or adjustment) is to be paid or disallowed. |
| Adjustment | A transaction which has the effect of changing the payment amount of and/or the units of service of a previously submitted or paid claim. |
| Aid Category | A designation within SSI or the State Social Services Department under which a person may be eligible for public assistance and/or medical assistance. |
| Area Prevailing Charge | Under Medicare Part B, the charge level that on the basis of statistical data would cover 75% of the customary charges made for similar services in the same locality. |
| Benefits | Services available under the Medicaid Program. |
| Budgeted Amount | The planned expenditures for a given time period. |
| Buy-In | A process whereby the State enters into an agreement with the Bureau of Health Insurance, Social Security Administration, to obtain Supplementary Medical Insurance Benefits (Medicare, Part B) for aged recipients receiving monthly payments under public assistance titles. The State pays the monthly premium on behalf of the recipient. |

# GLOSSARY

| TERM | DEFINITION |
|---|---|
| California Relative Value Scale | A compendium of medical procedures (and associated codes), by groupings of similar procedures, which relate the relative value of one procedure to another. |
| Categorically Needy | All individuals receiving financial assistance under the State's approved plan under Titles I, IV-A, X, XIV, and XVI of the Social Security Act or is in need under the State's standards for financial eligibility in such plan. |
| Charge Center | A logical provider accounting unit within an institution that is responsible for accumulating specific cost data related to medical and health services (e.g. laboratory, x-ray and radiology, emergency, etc.). |
| Claim | A bill rendered by a provider to the Single State Agency for a procedure, a set of procedures, or a service rendered to a recipient for a given diagnosis or set of related diagnoses. (More than one claim may appear on certain ledger-type input forms. In this case, entries on the claim form represent separate claims, rather than line items). |
| Claim Transaction | Any one of the records processed through the Claims Processing Subsystem. Examples are: |

# GLOSSARY

| TERM | DEFINITION |
|---|---|
| | 1. Claims<br>2. Credits<br>3. Adjustments<br>4. Queries<br>5. Approved Prior Authorizations |
| Claims Processing Agency | An agency that performs or is responsible for processing of claims. The agency may be a department of the Single State Agency responsible for Title XIX or a contractor of the agency, such as a fiscal agent. |
| COM | Computer output microfilm. A device which converts computer data directly to formatted microfilm images, bypassing the normal printing of output on paper. |
| Conversion Factor | A factor used to provide a basis for the determination of prevailing and customary charges for physician services. The conversion factor is that factor which, when multiplied by the relative value of the procedure, will produce a reasonable charge. |
| Cost Factor | A percentage factor which indicates the percent of total charges paid to an institutional provider by Medicaid. |
| Cost Settlement | A process by which claims payments to institutional providers are adjusted yearly to reflect actual costs incurred. |

# GLOSSARY

| TERM | DEFINITION |
|---|---|
| Credit | A claim transaction which has the effect of reversing a previously processed claim transaction. |
| Crippled Children's Program | Title V of the Social Security Act. (The relationship between Title XIX and Title V services is defined in the Handbook of Public Assistance Administration - Supplement D - Section D-6341). |
| Crossover Claims | Claims for which both Titles XVIII and XIX are liable for services rendered to a recipient entitled to benefits under both programs. |
| Data Element | A specific unit of information having a unique meaning. |
| Disallow | To determine that a billed service(s) is not covered by Medicaid and will not be paid. |
| Drug Formulary | A listing of drugs covered by the State Medicaid Plan which includes the drug code, description, strength, and manufacturer. |
| Early Identification | That portion of claims processing in which key identifying data from input documents is captured and placed in a computer control file prior to processing the input documents in detail. Early identification ensures that no input goes astray prior to entering the EDP system. |

# GLOSSARY

| TERM | DEFINITION |
|---|---|
| Eligibility File | A file containing individual records for all persons who are eligible or have been eligible for Medicaid. |
| EPSDT | Early and Periodic Screening, Diagnosis, and Treatment. A required service under Medicaid for individuals under the age of 21. |
| Exceptional Utilization | A pattern of health care delivery which is outside the range of normal utilization for a particular service or group of services. |
| Family Planning Services | Any medically approved diagnosis, treatment, counseling, drugs, supplies or devices which are prescribed or furnished by a physician to individuals of child-bearing age for purposes of enabling such individuals freely to determine the number and spacing their children. |
| Field Audit | An activity performed by the State Medicaid Agency whereby a provider's facilities, procedures, records and books are audited for conformance to Medicaid standards. A field audit may be conducted on a regular routine basis, or on a special basis to investigate suspected misutilization. |
| Fiscal Month | The monthly time interval in a fiscal year. |
| Fiscal Year | The twelve-month period between settlements of financial accounts. |

# GLOSSARY

| TERM | DEFINITION |
|---|---|
| Group Practice | A medical practice where several physicians render and bill for services under a single provider number. |
| Health Maintenance Organization | An organization that provides health care services to enrollees on a per capita prepayment basis. |
| Hospital Based Physician | A physician having an arrangement with a hospital whereby he receives fees for services performed for that hospital. |
| Institution | An organization which provides medical services for persons confined within its structure (e.g., a hospital, nursing home, etc.). |
| Line Item | A single procedure rendered to a recipient. A claim is made up of one or more line items for the same recipient. |
| Medical Assistance Unit | See The Handbook of Public Assistance Administration, Supplement D, Item 7200. |
| Medically Needy | Individuals whose income and resources equal or exceed those levels for assistance established under a State or Federal Plan but are insufficient to meet their costs of health and medical services. |

# GLOSSARY

| TERM | DEFINITION |
|---|---|
| Misutilization | Any usage of the Medicaid Program by any of its providers and/or recipients not in conformance with both State and Federal regulations and laws (includes fraud, abuse, and defects in level and quality of care). |
| Module | A group of data processing and/or manual processes that work in conjunction with each other to accomplish a specific function. |
| OCR | Optical character recognition equipment. A device which reads letters or numbers from a page and converts them to computer processable data, by-passing a keying operation. |
| Other Processing Agency | Any organization or agency which performs Medicaid functions under the direction of the Single State Agency. The Single State Agency may perform all Medicaid functions itself or it may delegate certain functions to other processing agencies. |
| Participant | One who participates in the Medicaid program as a provider or a recipient. |
| Peer | A person or committee in the same profession as the provider whose claim is being reviewed. |
| Peer Review | An activity performed by a group or groups of practitioners or other providers, by which the practices of their peers are reviewed for conformance to generally accepted standards. |

# GLOSSARY

| TERM | DEFINITION |
|---|---|
| Practitioner | An individual provider - one who practices a health or medical service profession. |
| Prior Authorization | The approval which must be given by the Medical Assistance Unit for specified services for a specified recipient to a specified provider. |
| Provider | A person, organization, or institution certified to provide health or medical care services authorized under a State Medicaid Program. |
| Provider Relations | The activity within the Single State Agency which handles all relationships with Medicaid providers. |
| Per Diem | A daily rate charged by institutional providers. |
| Profile | An outline of the most outstanding characteristics of a vendor practice in rendering health care services and recipient usage in receiving health care services. |
| Query | A request for the status of the eligibility or certification and/or other related data of a given participant. |

# GLOSSARY

| TERM | DEFINITION |
|---|---|
| Railroad Claim Number | The number issued by the Railroad Retirement Board to control payments of annuities and pensions under the Railroad Retirement Act. The claim number begins with a one to three letter alphabetic prefix denoting the type of payment, followed by six or nine numeric digits. Although acceptable for Buy-In purposes, RR claim numbers cannot be processed by the BENDEX System. |
| Reasonable Cost | All costs found necessary in the efficient delivery of needed health services. Reasonable cost is the normal payment method for Medicare Part A. |
| Reasonable Charge | Charge for health care service rendered that is consistent with the efficiency, economy, and quality of the care provided. Under Medicare Part B, reasonable charge is the lower of the physician's usual and customary charge or the area prevailing charge for that service. |
| Recipient | One who received Medicaid services. |
| Recipient Relations | The activity within the Single State Agency which handles all relationships between Medicaid and individual recipients. |
| Reject | To return a claim to a provider for a correction or change to allow it to be processed properly. |
| Report Item | Any unit of information or data appearing on an output report. |

# GLOSSARY

| TERM | DEFINITION |
|---|---|
| Screening | The use of quick, simple procedures carried out among large groups of people to sort out apparently well persons from those who have a disease or abnormality and to identify those in need of more definitive examination or treatment. |
| Single State Agency | The State Medicaid Agency - The agency designated by the State plan for medical assistance to administer the State Medicaid Plan or to supervise the administration of the Plan. (See Handbook of Public Assistance Administration - Supplement D - Section 2100). |
| Skeletal History File | A file containing extracts of all paid claims that is used for the detection of duplicate and/or conflicting claims. |
| SMI | An SSA abbreviation for Supplemental Medical Insurance. It is also known as "Part B" of Medicare. |
| Social Security Account Number | The number used by SSA throughout a wage earner's lifetime to identify his or her earnings under the Social Security Program. This account number consists of nine figures generally divided into three hyphenated sets: 000-00-0000. The account number is commonly known as the Social Security Number. This number is not to be confused with the Social Security Claim Number. |

# GLOSSARY

| TERM | DEFINITION |
|---|---|
| Social Security Claim Number | This is the account number used by SSA to identify the individual on whose earnings SSA benefits are being paid. It is a Social Security Account Number followed by a suffix, sometimes as many as three characters, designating the type of beneficiary (e.g. wife, widow, child, etc.). The Social Security Claim Number is the number that must be used in the Buy-In program. A beneficiary can have his own Social Security Number but be receiving benefits under a different claim number. |
| Specialty | The specialized area of practice of a physician. |
| Specialty Certification | Certification or approval by a Professional Academy, Association, or Society which designates that this provider has demonstrated a given level of training or competence and is a "fellow" or specialist. |
| State Social Services Department | The department of the State charged with the responsibility for all activities involving public assistance, medical assistance, social rehabilitation services, etc. to indigent persons. |
| State Welfare Agency | The agency in the State Social Services Department approved under Title I or Title XVIII (insofar as it relates to the aged) to determine eligibility for medical assistance under Medicaid. (See Handbook of Public Assistance Administration Supplement D - Section 2100.) |

# GLOSSARY

| TERM | DEFINITION |
|---|---|
| SSI | The Supplemental Security Income program administered by the Social Security Administration. This program replaced previous State administered programs for aged, blind and disabled recipients (except in Guam, Puerto Rico, and the Virgin Islands). This term may also refer to the Bureau of Supplemental Security Income within SSA which administers the program. |
| S/UR Unit | The section of the Medical Assistance Unit responsible for surveillance and utilization review activities in the State or county. |
| Suspense File | A computer file into which are placed various transactions which cannot be processed completely because of errors or other reasons. |
| Third Party Liability | A condition whereby a person or an organization other than the recipient or the Single State Agency is responsible for all or some portion of the costs for health or medical services incurred by a Medicaid recipient (e.g., a health insurance company, a casualty insurance company or another person in the case of an accident, etc.). |
| Transaction Control Number | A number stamped on each claim transaction document to uniquely identify the transaction throughout all processing. |
| Trend | A measure of the rate at which the magnitude of data is changing. |

# GLOSSARY

| TERM | DEFINITION |
|---|---|
| Usual and Customary Charge | The amount which a provider usually and most frequently charges patients for a specific service in normal medical circumstances. |
| Utilization Review | The process of monitoring and controlling, to the extent possible, the quantity and quality of health care services delivered under the Medicaid Program. |
| Welfare Department | See State Welfare Agency. |
| Work Item | A unit of information derived from one or more data elements and not necessarily appearing on reports. |
| Workmen's Compensation | A type of Third Party Liability for medical services rendered as the result of an on-the-job accident or injury to a recipient for which his employer's insurance company may be obligated under the Workmen's Compensation Act. |

APPENDIX B

## DATA ELEMENT DICTIONARY

The Data Element Dictionary contains definitions for all Model System Data Elements. Each Data Element has been assigned a unique three digit number. The Dictionary is arranged in Data Element number sequence. Each subsystem has been assigned a particular range of numbers, as follows:

| Data Element Numbers | Subsystem |
|---|---|
| 100-199 | Recipient |
| 200-299 | Provider |
| 300-499 | Claims Processing |
| 500-599 | Reference File |
| 600-699 | Management and Administrative Reporting |
| 700-999 | Surveillance and Utilization Review |

The following information is given for each data element:

1. The name of the Data Element.
2. The number of the Data Element.
3. Any acceptable abbreviations or synonyms which may be used in place of the usual Data Element Name.
4. The definition of the Data Element as used in the Model System.
5. Included in a remarks section is information supplementing the basic definition (e.g. structure of complex data elements).
6. An explanation of the codes used in Data Elements having coded meanings.

Data Element Dictionary

Alphabetic Index

| Data Element Name | Data Element No. |
|---|---|
| Adjudicated Claims Output | 366 |
| Adjudicated Credits and Adjustments Output | 367 |
| Adjudication Status | 351 |
| Adjustment Amount | 335 |
| Adjustment Code | 341 |
| Adjustments to Units of Service | 336 |
| Admission Date | 311 |
| Age Group Code | 706 |
| Age Range Indicator | 525 |
| Aid Group Code | 707 |
| Allowable Procedure Payment | 380 |
| Approval Authority | 387 |
| Arithmetic Operator | 735 |
| Attending Physician Number | 303 |
| Batch Number | 308 |
| Beginning Date of Service | 312 |
| Billing Date | 310 |
| Blood Furnished | 324 |
| Blood Not Replaced | 326 |
| Blood Replaced | 325 |
| Budgeted Amount | 603 |
| Buy-In Eligibility Date | 123 |
| Buy-In Premium Amount | 130 |
| Buy-In Premium Date | 129 |
| Buy-In Status Code | 114 |
| Category of Service | 301 |
| Certification Status | 399 |
| Certification/Recertification Date | 400 |
| Certification Review Indicator | 401 |
| Check Amount | 347 |
| Class Group Code | 702 |
| Control of Medical Facility | 237 |
| Corrected Field Contents | 338 |
| Corrections to Charge Amounts | 364 |

| Data Element Name | Data Element No. |
|---|---|
| Corrective Action Code | 337 |
| Credit Amount | 334 |
| CRVS Conversion Factor | 527 |
| Data Element Number | 726 |
| Date Claim Received | 342 |
| Date Completed by EDP | 346 |
| Date Entered EDP | 345 |
| Date Entered Suspense | 374 |
| Date Manually Audited | 344 |
| Date Microfilmed | 343 |
| Date of Adjudication | 35Ø |
| Date of Death | 112 |
| Date of Entry | 352 |
| Date of Identification Card Issue | 122 |
| Date of Last Transaction | 224 |
| Date of Surgery | 378 |
| Date of Transaction Status | 373 |
| Days Certified Initially | 4Ø2 |
| Destination Provider Number | 318 |
| Diagnosis Code | 5Ø2 |
| Diagnosis Format | 519 |
| Diagnosis Indicator | 518 |
| Diagnosis Name | 511 |
| Discharged Patient's Destination | 317 |
| Display Interval Code | 71Ø |
| Drug Cancellation Date | 528 |
| Drug Charge | 323 |
| Drug Classification | 5Ø9 |
| Drug Code | 5Ø1 |
| Drug Display Frequency Limit | 721 |
| Drug Display Interval Code | 722 |
| Drug Name | 5Ø5 |
| Drug Wholesale Cost | 5Ø7 |
| Edit Mask | 738 |
| Eligibility Begin Date | 11Ø |

| Data Element Name | Data Element No. |
|---|---|
| Eligibility End Date | 111 |
| Ending Date of Service | 313 |
| Error Code | 372 |
| Error Code to be Overridden | 339 |
| Error Field Indicator | 127 |
| Exception Mode Code | 725 |
| Family Planning Code | 391 |
| Family Size | 136 |
| Field to be Changed | 382 |
| Field Width | 736 |
| Fiscal Month | 6Ø2 |
| Fiscal Year | 6Ø1 |
| Force Code | 718 |
| Formulary Format | 521 |
| Formulary Indicator | 52Ø |
| Gross Family Income | 135 |
| Heading Content | 731 |
| Heading Sequence Number | 73Ø |
| Input Claims | 354 |
| Input Credits and Adjustments | 355 |
| Input Prior Authorizations | 356 |
| Input Queries | 357 |
| Leave Days | 379 |
| Level Number | 732 |
| Listing Content | 522 |
| Listing Sequence | 523 |
| Literal Value | 739 |
| Location Group Code | 7Ø4 |
| Logical Connector | 729 |
| Maximum Allowed Price | 5Ø8 |
| Maximum Days Supply of Drug | 5Ø3 |
| Medicaid Premium Amount | 137 |
| Medicaid Deductible Amount | 392 |

| Data Element Name | Data Element No. |
|---|---|
| Medicaid Copayment Amount | 393 |
| Medicaid Enrollment Fee Amount | 138 |
| Medicaid Reasonable Charge | 529 |
| Medicare Blood Deductible Amount | 331 |
| Medicare Cash Deductible Amount | 33Ø |
| Medicare Coinsurance Charge | 332 |
| Medicare Coinsurance Days | 333 |
| Medicare Procedure Code | 532 |
| Medicare Provider Number | 214 |
| Medicare Reasonable Charge | 531 |
| Medicare Type Code | 118 |
| Minimum Days Supply of Drug | 5Ø6 |
| Money Payment Code | 117 |
| Monthly Profile Value Range | 712 |
| National Pharmacy Number | 231 |
| Nature of Admission | 398 |
| Number of Beds Certified | 232 |
| Number of Correction Attempts | 375 |
| Number of Requests for Extension | 4Ø4 |
| Number of Transactions in Batch | 3Ø9 |
| Number of Physicians in Group | 241 |
| Nursing Home Owners | 25Ø |
| Out of State Provider Code | 23Ø |
| Operating Physician Number | 397 |
| Override Code | 377 |
| Package Quantity | 514 |
| Parameter Transaction Code | 7ØØ |
| Patient Number | 32Ø |
| Patient Status | 316 |
| Payment Amount | 349 |
| Payment Date | 376 |
| Per Diem Rate | 233 |
| Percent of Charges Factor | 234 |

| Data Element Name | Data Element No. |
|---|---|
| Place of Service | 314 |
| Prescribing Physician Number | 305 |
| Prescription Number | 386 |
| Previous Provider Number | 319 |
| Previously Adjudicated Claims | 361 |
| Previously Adjudicated Credit and Adjustments | 362 |
| Primary Diagnosis Code | 306 |
| Print Control Code | 733 |
| Prior Authorization Control Number | 340 |
| Prior Authorizations Matched | 365 |
| Procedure/Ancillary Display Frequency | 719 |
| Procedure/Ancillary Display Interval Code | 720 |
| Procedure Charge | 322 |
| Procedure Code | 500 |
| Procedure Cross Reference Status | 533 |
| Procedure Format | 517 |
| Procedure Indicator | 516 |
| Procedure Name | 510 |
| Professional Fee | 381 |
| Professional Fee Indicator | 512 |
| Profile Exception Interval Code | 714 |
| Profile Manual Override Code | 713 |
| Provider Address | 203 |
| Provider Application Date | 228 |
| Provider Beginning Date of Service | 207 |
| Provider County Code | 211 |
| Provider Credit Balance Amount | 226 |
| Provider Credit Balance Date | 227 |
| Provider Employer Identification Number | 212 |
| Provider Ending Date of Service | 208 |
| Provider Enrollment Status Code | 238 |
| Provider Enrollment Status Date | 239 |

| Data Element Name | Data Element No. |
|---|---|
| Provider Error Code | 245 |
| Provider Error Field Indicator | 244 |
| Provider Exception Indicator | 225 |
| Provider Group Name and Address | 246 |
| Provider Group Number | 2Ø9 |
| Provider License Board Code | 218 |
| Provider License Date | 219 |
| Provider License Number | 217 |
| Provider Location Code | 236 |
| Provider Medicare Reimbursement Rate | 215 |
| Provider Name | 2Ø2 |
| Provider Number | 2Ø1 |
| Provider Pay to Address | 2Ø4 |
| Provider Rejection Reason Code | 229 |
| Provider Signature | 249 |
| Provider Social Security Number | 213 |
| Provider Specialty Code | 22Ø |
| Provider Transaction Code | 242 |
| Provider Transaction Date | 243 |
| Provider Transaction Field | 248 |
| Provider Transaction Field Number | 247 |
| Provider Type | 2Ø5 |
| Provider Type of Practice Organization | 21Ø |
| Provider Year End Date | 216 |
| Pseudo Data Element Number | 734 |
| Queries Printed | 371 |
| Rate Effective Date | 235 |
| Reason for Return | 348 |
| Recipient Address | 1Ø4 |
| Recipient Age | 74Ø |
| Recipient Aid Category | 1Ø9 |
| Recipient County Code | 1Ø8 |

| Data Element Name | Data Element No. |
|---|---|
| Recipient Date of Birth | 1Ø5 |
| Recipient Eligibility Certification Date | 132 |
| Recipient Exception Indicator | 116 |
| Recipient Identification Number | 1Ø1 |
| Recipient Location Code | 133 |
| Recipient Name | 1Ø3 |
| Recipient Race Code | 1Ø6 |
| Recipient Sex Code | 1Ø7 |
| Reference File Change Field | 515 |
| Reference File Transaction Code | 5Ø4 |
| Referring Physician Number | 3Ø4 |
| Refill Indicator | 315 |
| Region Code | 526 |
| Relational Operator | 727 |
| Relational Value | 728 |
| Report Group Code | 7Ø1 |
| Report Item Code | 7Ø9 |
| Report Section Code | 7Ø8 |
| Requestor | 383 |
| Review Committee Members | 251 |
| Scope of Coverage Code | 124 |
| Screening Results Code | 388 |
| Screening Referral Code | 389 |
| Screening Related Treatment | 39Ø |
| Secondary Diagnosis Code | 3Ø7 |
| Social Security Account Number | 134 |
| Social Security Claim Number | 1Ø2 |
| Specialty Certification Board Code | 222 |
| Specialty Certification Date | 223 |
| Specialty Certification Number | 221 |
| Specialty Group Code | 7Ø5 |
| SSA-Information Exchange Code | 131 |

| Data Element Name | Data Element No. |
|---|---|
| Start Column | 737 |
| Sub-File Indicator | 53Ø |
| Suspense Claims | 358 |
| Suspense Claims (Output) | 368 |
| Suspense Credits and Adjustments | 359 |
| Suspense Credits and Adjustments (Output) | 369 |
| Suspense Prior Authorization Output | 37Ø |
| Suspense Prior Authorizations | 36Ø |
| Suspense Transactions Deleted | 363 |
| Third Party Followup Flag | 385 |
| Third Party Liability Action | 328 |
| Third Party Liability Code | 113 |
| Third Party Payment Amount | 329 |
| Total Claim Charge | 321 |
| Total Days Certified | 4Ø3 |
| Transaction Code | 3Ø2 |
| Transaction Control Number | 3ØØ |
| Transaction Date | 126 |
| Transaction Status | 353 |
| Treatment Exception Interval Code | 724 |
| Treatment Report Item Value Range | 723 |
| Trend Line Exception Interval Code | 717 |
| Trend Line Manual Override Code | 716 |
| Trend Line Value Range | 715 |
| Type Group Code | 7Ø3 |
| Type of Service | 384 |
| Unit of Measure | 513 |
| Units of Service | 327 |
| Valid Sex Indicator | 524 |
| Zero Suppress Code | 711 |

Printing preparation time constrained the rearrangement of the following data elements into the alphabetical index on the previous pages.

| Data Element Name | Data Element No. |
|---|---|
| Activities Orders Code | 416 |
| Continuing Care Plan and Discharge Plan Code | 415 |
| Diet Orders Code | 413 |
| Medications Orders Code | 411 |
| Name of Facility Administrator | 253 |
| Plan of Care Development Date | 409 |
| Restorative and Rehabilitative Services Orders Code | 412 |
| Review Date | 406 |
| Review Outcome | 407 |
| Review Type | 405 |
| Social Services Orders Code | 414 |
| State Medical Assistance Unit Review Action | 408 |
| Treatment Orders Code | 410 |
| Type of Facility Review System | 252 |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Recipient Identification Number | 101 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| Recipient Number, Recipient ID Number | 8/1/71 |

**DEFINITION**

A number used to uniquely identify an individual recipient in the Medicaid program.

**REMARKS** Any unique number is acceptable, but the following type of number is recommended:

| | | | | |
|---|---|---|---|---|
| 3 digits | -- | County of origin | -- | County where recipient first received number |
| 6 digits | -- | Unique Family Number | -- | Family identification |
| 2 digits | -- | Individual Place in Family | -- | 01 male head<br>02 female head<br>03 first child<br>04 second child, etc. |
| 1 digit | -- | Used for self-checking purposes. | | |

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Social Security Claim Number | 102 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| Railroad Retirement Board Number, (RRB)<br>HIB Number, SMIB Number | 8/1/71 |

**DEFINITION**

The number (at SSA) of the individual on whose earnings benefits are paid or eligibility is established for Medicare coverage.

**REMARKS**

The Social Security Claim Number is composed of a nine digit Social Security Number (or a six to nine digit Railroad Retirement Board No.) with up to three additional characters as a prefix or a suffix. For valid prefixes and suffixes, see State Buy-In Handbook - Section 200.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | See State Buy-In Handbook |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Recipient Name | 103 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/03/73 |

DEFINITION

The name of the recipient.

REMARKS

The Complete Name of an individual should be shown beginning in the leftmost position of the data field with LAST NAME followed by a space, FIRST NAME, space, MIDDLE INITIAL, space, additional Middle Initials (if any) space and designations such as Jr, Sr, II (2nd), III (3rd), as applicable, following the middle name or initial(s). No punctuation should be used. (See SRS Data Standards Catalog.)

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Recipient Address | 104 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The official 3 line address of the recipient of Medicaid service (including "in care of").

REMARKS

This address includes a 5 digit zip code.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Recipient Date of Birth | 1Ø5 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

The recipient's date of birth.

REMARKS

This is the date of birth taken from Social Services or SSI records in YY-MM-DD format as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Recipient Race Code | 106 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| Race | 8/1/71 |

**DEFINITION**

The recipient's racial origin.

**REMARKS**

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 1 | White |
| 2 | Black or Negro |
| 3 | American Indian |
| 4 | Oriental |
| 5 | Spanish American |
| 9 | Other |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Recipient Sex Code | 107 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

Sex of recipient.

REMARKS

The coding structure shown below is required for the SSA Buy-In information exchange.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 1. | Male |
| 2. | Female |
| 3. | Unknown |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Recipient County Code | 1Ø8 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

That geographic or geopolitical subdivision of a State which is the lowest level of controlled program reporting.

REMARKS

Use Federal Standard County Codes (FIPS Pub. 6-1) as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Recipient Aid Category | 1Ø9 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| Program Category | 12/Ø3/73 |

**DEFINITION**

The program category under which recipients can be eligible for Medicaid.

**REMARKS**

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | Eligible for Money Payments and Medicaid |
| 01 | Old Age Assistance or SSI (aged) |
| 02 | Aid to the Blind or SSI (blind) |
| 03 | Aid to the Permanently and Totally Disabled or SSI (disabled) |
| 04 | Aid to Families with Dependent Children - Adults |
| 05 | Aid to Families with Dependent Children - Children |
| | Eligible for but not Receiving Money Payments |
| 06 | Aged |
| 07 | Blind |
| 08 | Disabled |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

(CONTINUATION SHEET)

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Recipient Aid Category | 109 |

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 09 | AFDC - Adults |
| 10 | AFDC - Children |
| 11 | Other - Children |
| | Medically Needy |
| 12 | Aged |
| 13 | Blind |
| 14 | Disabled |
| 15 | AFDC - Adults |
| 16 | AFDC - Children |
| 17 | Other - Children |
| | Eligible for Money Payments but must Spend-Down for Medicaid Eligibility |
| 18 | Aged |
| 19 | Blind |
| 20 | Disabled |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Eligibility Begin Date | 11Ø |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| Recipient Date of Eligibility | 12/Ø3/73 |

**DEFINITION**

The date that a recipient is certified as eligible to receive Medicaid benefits.

**REMARKS**

MM-DD-YY format.
Converted to YY-MM-DD format for mechanical processing as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Eligibility End Date | 111 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

The date that a recipient becomes ineligible for Medicaid benefits.

REMARKS

MM-DD-YY format.
Converted to YY-MM-DD format for mechanical processing as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Date of Death | 112 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

The date of the recipient's death as indicated in the Social Services or SSI file after an official notice of death has been received.

REMARKS

MM-DD-YY format. Converted to YY-MM-DD format for mechanical processing as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Third Party Liability Code | 113 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code to indicate the presence of potential third party liability.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 1. | Private Insurance |
| 2 | Workman's Compensation |
| 3 | CHAMPUS |
| 4 | Crippled Children (Title V) |
| 5 | Health Maintenance Organization |
| 9 | Other |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Buy-In Status Code | 114 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The code which indicates the recipient's status with regards to Medicare Buy-In.

REMARKS

See State Buy-In Handbook, Part Two, Paragraph D, Field 12.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 1 | Uninsured-"No" option |
| 2 | Uninsured-"Yes" option |
| 5 | Insured-"No" option |
| 6 | Insured-"Yes" option |
| 9 | Unmatched |
| | The terms "insured" and "uninsured" are applicable to OASDI benefits. |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Recipient Exception Indicator | 116 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

An indicator used to indicate that all claims for the recipient are to be manually reviewed prior to payment.

REMARKS

Used to curb recipient over-utilization.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Money Payment Code | 117 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| Assistance Payment Code | 12/Ø3/73 |

**DEFINITION**

A code used to indicate whether or not the recipient currently receives a public assistance payment.

**REMARKS**

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 0 | None |
| 1 | State Payment Only |
| 2 | SSI Payment Only |
| 3 | SSI With State Supplement |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Medicare Type Code | 118 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code defining whether the recipient is covered by Medicare, and whether he has Health Insurance Benefits (Part A) and/or Supplementary Medical Insurance Benefits (Part B).

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 0 | None |
| 1 | Part A and B |
| 2 | Part A only |
| 3 | Part B only |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Date of Identification Card Issue | 122 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

**DEFINITION**

A date to indicate when the identification card was issued.

**REMARKS**

There are five of these dates in the Medicaid Eligibility Master File, one for each of the last five identification cards. MM-DD-YY format. Converted to YY-MM-DD for mechanical processing as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Buy-In Eligibility Date | 123 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| SMIB Entitlement Date,<br>Part B Entitlement Date | 12/Ø3/73 |

**DEFINITION**

The date the recipient was eligible for Buy-In as certified by SSA.

**REMARKS**

MM-DD-YY format.

Converted to YY-MM-DD for mechanical processing as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Scope of Coverage Code | 124 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code defining the categories of health and medical services to which this class of recipient is entitled.

REMARKS

This code structure depends upon the limitations or participation in the various categories of service as limited by the State Plan.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Transaction Date | 126 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

The effective date of the activity in question.

REMARKS

MM-DD-YY format.
Converted to YY-MM-DD format for mechanical processing as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Error Field Indicator | 127 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number of the field in error.

REMARKS

An indicator is associated with each error code.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Buy-In Premium Date | 129 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

The date associated with a Buy-In Premium Amount.

REMARKS

MM-DD-YY format.
Converted to YY-MM-DD format for mechanical processing as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Buy-In Premium Amount | 13Ø |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The amount of money the State must pay to SSA for the Buy-In coverage for this recipient.

REMARKS

The initial payment may be retroactive to the date the recipient was eligible for Part B coverage.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| SSA-Information Exchange Code | 131 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| Data Communication Code,<br>SSA Communication Code | 8/1/71 |

**DEFINITION**

A code scheme containing various numerical codes used to describe situations that can occur at SSA or the State.

**REMARKS**

**CODE EXPLANATION**

| CODE | MEANING |
|---|---|
| | (See State Buy-In Handbook, Section 430.) |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Recipient Eligibility Certification Date | 132 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 7/1/74 |

DEFINITION

The date the recipient was certified as eligible for public assistance, supplemental security income or State supplemental benefits.

REMARKS

MM-DD-YY format.

Converted to YY-MM-DD format for mechanical processing as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Recipient Location Code | 133 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code used to indicate the type of geographic or geopolitical statistical reporting area in which the recipient resides.

REMARKS

The particular code used is subject to the State's needs.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Social Security Account Number | 134 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| SSAN, SSN | 12/Ø3/73 |

**DEFINITION**

The number used by SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program.

**REMARKS**

This account number consists of nine figures generally divided into three hypenated sets: 000-00-0000. The account number is commonly known as the Social Security Number. This number is not be to confused with the Social Security Claim Number (D.E. 1Ø2).

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Gross Family Income | 135 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

The monthly gross income for the family of which this recipient is a member.

REMARKS

This item is only required for States with a medically needy plan requiring a recipient cost sharing premium based on family size and family income. Income may be rounded to the nearest $50.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Family Size | 136 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

The number of persons in the family of which this recipient is a member.

REMARKS

This item is only required for States with a medically needy plan requiring a recipient cost sharing premium based on family size and family income.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Medicaid Premium Amount | 137 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

A premium, or similar charge which must be paid by medically needy individuals before they can receive Medicaid services. The amount of the fee is based on the number of persons in the family and the gross family income.

REMARKS

A premium is a periodic fee which may be levied monthly, quarterly or annually. An enrollment fee is a one-time payment that can be required as an entry fee into the program or for continuation in the program (see Data Element 138).

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Medicaid Enrollment Fee Amount | 138 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 7/1/74 |

DEFINITION

A one-time enrollment fee which must be paid by medically needy individuals before they can receive Medicaid services. The amount of the fee is based on the number of persons in the family and the gross family income.

REMARKS

An enrollment fee is a one-time payment that can be required as an entry fee into the program or for continuation in the program. A premium is a periodic fee which may be levied monthly, quarterly, or annually (see Data Element 137).

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Number | 201 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A unique number assigned by the State to each provider of services in the Medicaid program.

REMARKS

For a discussion of considerations in selecting a provider numbering scheme, see Section III-B-2.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Name | 202 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The name of the provider of Medicaid services as used on official records (normally the "doing business as" name).

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Address | 203 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The three line mailing address of the provider.

REMARKS

Must include a zip code.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Pay To Address | 204 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

The three line address to which payments to a provider are sent.

**REMARKS**

Must include a zip code.

**CODE EXPLANATION**

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Type | 205 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 12/03/73 |

**DEFINITION**

A code indicating the classification of providers rendering health and medical services as approved under the State Medicaid Plan.

**REMARKS**

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 01 | General Hospital |
| 02 | Mental Hospital |
| 03 | TB Hospital |
| 04 | Dentist |
| 05 | Physician |
| 06 | Podiatrist |
| 07 | Optometrist |
| 08 | Optician |
| 09 | Pharmacy |
| 10 | Home Health Agency |
| 11 | Christian Science Sanitorium |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

(CONTINUATION SHEET)

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Type | 2Ø5 |

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 12 | Independent Laboratory |
| 13 | Ambulance Service |
| 14 | Medical Supply Item Supplier |
| 15 | Prosthetic Device Supplier |
| 16 | Clinic |
| 17 | Physical Therapist |
| 18 | Chiropractor |
| 19 | Naturopath |
| 20 | Skilled Nursing Facility (Long Term Care Facility) |
| 21 | Intermediate Care Facility (Long Term Care Facility) |
| 22 | Registered Nurse, Licensed Practical Nurse, or Christian Science Nurse |
| 23 | Health Maintenance Organization |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Beginning Date of Service | 207 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/03/73 |

DEFINITION

The date on which the provider is certified to render his associated category of service.

REMARKS

There may be a separate Beginning Date of Service for each Category of Service for which the provider is certified.
MM-DD-YY format.
Converted to YY-MM-DD format for mechanical processing as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Ending Date of Service | 208 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/03/73 |

DEFINITION

The last date on which the provider is certified to render his associated Category of Service.

REMARKS

There may be a separate Ending Date of Service for each Category of Service for which the provider is certified.
MM-DD-YY format.
Converted to YY-MM-DD format for mechanical processing as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Group Number | 209 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number assigned to the group practice in which an individual provider is a member.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Type of Practice Organization | 21Ø |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code identifying the proprietary nature of a provider's practice.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 01 | Individual practice |
| 02 | Partnership |
| 03 | Corporation |
| 04 | Hospital based physician |
| 05 | Health Maintenance Organization |
| 06 | Group practice |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider County Code | 211 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code identifying the county in which the provider's place of business is located.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | Use Federal Standard County Codes. |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Employer Identification Number | 212 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number assigned to employers by the Internal Revenue Service for tax reporting purposes.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Social Security Number | 213 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

The account number assigned to individuals by the Social Security Administration.

**REMARKS**

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Medicare Provider Number | 214 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The provider number assigned to each Medicare provider by the Medicare Processing Agency.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Medicare Reimbursement Rate | 215 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The reimbursement rate assigned to Medicare providers who are subject to retroactive cost settlement. The reimbursement rate is expressed as a per diem rate or a percent of charges.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Year End Date | 216 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

The calendar date on which the provider's fiscal year ends.

REMARKS

This data element is only necessary for providers subject to retroactive cost settlement.
MM-DD-YY format.
Converted to YY-MM-DD for mechanical processing as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider License Number | 217 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number identifying the license issued by the State Licensing Board authorizing a provider to practice within the State.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider License Board Code | 218 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code assigned to each State Licensing Board that issues licenses to providers of Medicaid Services.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider License Date | 219 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

The date the provider's license was issued.

REMARKS

MM-DD-YY format.
Converted to YY-MM-DD for mechanical processing as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Specialty Code | 22Ø |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The indication of a physician's medical specialty.

REMARKS

A physician may have more than one specialty.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 01 | General Practice |
| 02 | General Surgery |
| 03 | Allergy |
| 04 | Otology, Laryngology, Rhinology |
| 05 | Anesthesiology |
| 06 | Cardiovascular Disease |
| 07 | Dermatology |
| 08 | Family Practice |
| 09 | Gynecology (Osteopaths only) |
| 10 | Gastroenterology |
| 11 | Internal Medicine |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

(CONTINUATION SHEET)

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Specialty Code | 22Ø |

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 12 | Manipulative Therapy (Osteopaths only) |
| 13 | Neurology |
| 14 | Neurological Surgery |
| 15 | Obstetrics (Osteopaths only) |
| 16 | OB - Gynecology |
| 17 | Ophthalmology, Otology, Laryngology, Rhinology (Osteopaths only) |
| 18 | Ophthalmology |
| 19 | Oral Surgery (Dentists only) |
| 20 | Orthopedic Surgery |
| 21 | Pathologic Anatomy; Clinical Pathology (Osteopaths only) |
| 22 | Pathology |
| 23 | Peripheral Vascular Diseases or Surgery (Osteopaths only) |
| 24 | Plastic Surgery |
| 25 | Physical Medicine and Rehabilitation |
| 26 | Psychiatry |
| 27 | Psychiatry, Neurology (Osteopaths only) |
| 28 | Proctology |
| 29 | Pulmonary Diseases |
| 30 | Radiology |
| 31 | Roentgenology, Radiology (Osteopaths only) |
| 32 | Radiation Therapy (Osteopaths only) |
| 33 | Thoracic Surgery |
| 34 | Urology |
| 48 | Podiatry - Surgical Chiropody |
| 49 | Miscellaneous |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

(CONTINUATION SHEET)

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Specialty Code | 22Ø |

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 70 | Clinic or other group practice, except GPPP (General Practice Pre-Paid). |
| 90 | Unknown. |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Specialty Certification Number | 221 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A number assigned to a physician by a specialty certification board.

REMARKS

There will be a Specialty Certification Number for each specialty for which the physician is certified.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Specialty Certification Board Code | 222 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code to identify each specialty certification board issuing specialty certifications to physicians.

REMARKS

There will be a Specialty Certification Board Code for each specialty for which the provider is certified.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Specialty Certification Date | 223 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 12/Ø3/73 |

**DEFINITION**

The date the Specialty Certification Board issues the certification for a specialty to a physician.

**REMARKS**

There will be a Specialty Certification Date for each specialty for which a physician is certified.
MM-DD-YY format.
Converted to YY-MM-DD for mechanical processing as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Date of Last Transaction | 224 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 12/Ø3/73 |

**DEFINITION**

The process date of the most recent transaction to a data file.

**REMARKS**

MM-DD-YY format.

Converted to YY-MM-DD format for mechanical processing as provided in the SRS Data Standards Catalog.

**CODE EXPLANATION**

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Exception Indicator | 225 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code used to indicate the necessity of manual review of each claim from this provider prior to payment.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Credit Balance Amount | 226 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The amount of money owed to the Medicaid program by a provider.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Credit Balance Date | 227 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

The last processing date on which an amount is entered in the Provider Credit Balance Amount.

REMARKS

MM-DD-YY format.
Converted to YY-MM-DD format for mechanical processing as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Application Date | 228 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

The date the provider first applied for participation in the Medicaid program.

REMARKS

MM-DD-YY format.
Converted to YY-MM-DD for mechanical processing as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Rejection Reason Code | 229 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code to indicate the reason the provider is denied participation in the Medicaid program.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Out of State Provider Code | 23Ø |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code used to indicate providers located out of state.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| National Pharmacy Number | 231 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The identification number assigned to pharmacies by the National Pharmaceutical Association.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Number of Beds Certified | 232 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

The count of certified inpatient beds in a health and medical services institution.

**REMARKS**

**CODE EXPLANATION**

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Per Diem Rate | 233 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The payment amount for each day of care in an institution reimbursed on a per diem basis.

REMARKS

There may be as many as five different per diem rates. Each will have an accompanying rate effective date.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Percent of Charges Factor | 234 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The percent of charges that is paid on claims for certain categories of service.

REMARKS

There may be as many as five different percent of charges factors. Each will have an accompanying Rate Effective Date.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Rate Effective Date | 235 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 12/Ø3/73 |

**DEFINITION**

The effective date of the accompanying per diem rate or percent of charges factor.

**REMARKS**

MM-DD-YY format.
Converted to YY-MM-DD format for mechanical processing as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Location Code | 236 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The location of the provider within the geopolitical jurisdiction, urban vs. rural.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Control of Medical Facility | 237 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

Ownership of health and medical services facility.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 0 | Public - Federal, State or Municipal |
| 1 | Charitable or Religious Organization |
| 2 | Proprietary - privately owned |
| 9 | Other |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Enrollment Status Code | 238 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

A code that indicates a provider's certification status in the Medicaid program.

REMARKS

As many as five Provider Enrollment Status Codes may be retained for a provider.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 1 | Active - Eligible to receive payment |
| 2 | Voluntary Suspension - Ineligible to receive payment |
| 3 | Involuntary Suspension - Ineligible to receive payment |
| 4 | Voluntary Termination - Ineligible to receive payment |
| 5 | Involuntary Termination - Ineligible to receive payment |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Enrollment Status Date | 239 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 12/Ø3/73 |

**DEFINITION**

The effective date of the accompanying Provider Enrollment Status Code.

**REMARKS**

There will be a Provider Enrollment Status Date for each Provider Enrollment Status Code present.
MM-DD-YY format.
Converted to YY-MM-DD for mechanical processing as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Number Physicians in Group | 241 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number of physicians in a group practice.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Transaction Code | 242 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

This code is used to define the nature of the update to the Provider Master File.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Transaction Date | 243 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

The effective date of the provider transaction in question.

REMARKS

MM-DD-YY format.
Converted to YY-MM-DD format for mechanical processing as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Error Field Indicator | 244 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code used to indicate the field in the Provider Error Suspense File that is in error.

REMARKS

There will be an accompanying Error Code to indicate the nature of the error.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Error Code | 245 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code used to indicate the nature of an error in a Provider Error Suspense File record.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Group Name and Address | 246 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The name and mailing address of the provider group.

REMARKS

The group name and address is carried on the Provider Master File as a Provider Name and Address. The Provider Enrollment Status Code would indicate eligibility for payment.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Transaction Field Number | 247 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

This number indicates which field in the Provider Master File is to be changed by the accompanying Provider Transaction Field.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Transaction Field | 248 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

Used to overlay any specified data element in the Provider Master File.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Provider Signature | 249 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The signature of the provider or the signature of an officer if the provider is an institution. This signature is required on the Provider Agreement Form.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Nursing Home Owners | 250 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 7/1/74 |

DEFINITION

The owner(s) of a nursing home making application to be a Medicaid Provider. All owners of a nursing home must be listed on the provider application, including those who own obligations secured by the assets of a long term care facility.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Review Committee Members | 251 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 7/1/74 |

DEFINITION

Individuals designated as members of review committees in institutions, such as, utilization review committee or medical review committee.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Type of Facility Utilization Review System | 252 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | |

DEFINITION

A code indicating the type of utilization review system operating in the facility.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| A | Title XIX Medicaid System |
| B | Title XVIII Medicare System |
| C | Professional Standards Review Organization System |
| D | Other |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Name of Facility Administrator | 253 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | |

**DEFINITION**

The full legal name of the administrator of the facility

**REMARKS**

Last, First, Middle Initial - name format

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Transaction Control Number | 3ØØ |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| Claim Number | 8/1/71 |

**DEFINITION**

A unique number serving to identify each claim transaction received.

**REMARKS**

The number is composed of a batch number (data element 308, qq.v), a two digit number indicating the sequence of a documentation within its batch, and, optionally, a two digit number identifying a line item within a multi-transaction document.

Example: XXXXXXXXX SSLL

XXXXXXXXX - batch number
SS - transaction sequence
LL - line item

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Category of Service | 3Ø1 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

A code defining the category of service rendered (e.g., general inpatient, tuberculosis inpatient, pharmacy, physician, home health).

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 01 | General Inpatient |
| 02 | Mental Inpatient |
| 03 | TB Inpatient |
| 04 | General Outpatient |
| 05 | Mental Outpatient |
| 06 | Physician |
| 07 | Podiatry |
| 08 | Vision Care |
| 09 | Dental |
| 10 | Prescribed Drugs |
| 11 | Home Health Services |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

(CONTINUATION SHEET)

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Category of Service | 3Ø1 |

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 12 | Skilled Nursing Home Care |
| 13 | Intermediate Care Facility Services |
| 14 | Independent Laboratory and X-ray Services |
| 15 | Transportation |
| 16 | Medical Supplies |
| 17 | Prosthetic Devices |
| 18 | Licensed Practitioner |
| 19 | Screening |
| 20 | Clinic Services |
| 21 | Private Duty Nursing Services |
| 22 | Family Planning Services |
| 99 | Other |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Transaction Code | 302 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code which indicates the type of claim transaction and the processing to be done.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 10 | Claim initially entering system |
| 11 | Suspended claim released for processing |
| 20 | Debit adjustment initially entering system |
| 21 | Suspended debit adjustment released for processing |
| 22 | Gross debit adjustment |
| 30 | Credit adjustment initially entering system |
| 31 | Suspended credit adjustment released for processing |
| 32 | Gross credit adjustment |
| 40 | Credit initially entering system |
| 41 | Suspended credit released for processing |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

(CONTINUATION SHEET)

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Transaction Code | 3Ø2 |

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 50 | Internal query with no claims history requested |
| 51 | Internal query with claims history requested |
| 60 | Provider query |
| 70 | Approved prior authorization |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Attending Physician Number | 3Ø3 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The provider number (data element 201 qq.v.) of the physician attending an inpatient in a hospital, nursing home, or other institution.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Referring Physician Number | 304 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The provider number (data element 201, qq.v.) of the physician referring a recipient to another practitioner or provider.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Prescribing Physician Number | 3Ø5 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The provider number (data element 201, qq.v.) of the physician issuing a prescription.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Primary Diagnosis Code | 3Ø6 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The diagnosis code (data element 502, qq.v.) for the principal condition requiring medical attention.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Secondary Diagnosis Code | 3Ø7 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The diagnosis code (data element 502, qq.v.) of any condition other than the primary which requires supplementary medical treatment.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Batch Number | 3Ø8 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

Number assigned to a batch of transactions uniquely identifying the batch.

REMARKS

Format is YDDDXNNNN

a) YDDD is the Julian date on which the batch was assembled.

b) X is a unique letter which distinguishes different types of transactions.

c) NNNN is a number assigned sequentially to batches of the same type transactions.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Number of Transactions in Batch | 3Ø9 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A count of the transactions in an individual batch.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Billing Date | 31Ø |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The date a provider enters on a claim indicating when it was prepared.

REMARKS

MM-DD-YY format.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Admission Date | 311 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/3/73 |

DEFINITION

The date and hour upon which a recipient was admitted to a medical institution.

REMARKS

YY-MM-DD-HR format. The hour is recorded in the range 00-23.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Beginning Date of Service | 312 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The date upon which the first service covered by a claim was rendered. If a claim is for one service only (e.g. a prescription), this is the only service date.

REMARKS

MM-DD-YY format

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Ending Date of Service | 313 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The date the last service covered by a claim was rendered.

REMARKS

MM-DD-YY format.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Place of Service | 314 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code indicating where service was rendered by a provider.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 0 | Emergency Room |
| 1 | Office |
| 2 | Recipient's Home |
| 3 | Inpatient |
| 4 | Extended Care Facility |
| 5 | Skilled Nursing Home |
| 6 | Clinic |
| 7 | Outpatient |
| 8 | Health Maintenance Organization |
| 9 | Other |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Refill Indicator | 315 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code indicating whether a prescription is an original or a refill.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 0 | Original |
| 1 | 1st refill |
| 2 | 2nd refill |
| 3 | 3rd refill |
| . | |
| . | |
| . | |
| . | |
| . | |
| 9 | 9th refill |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Patient Status | 316 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

A code indicating the status of the patient on the last date of service.

**REMARKS**

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| A | Discharged |
| B | Died |
| C | Still under care |
| D | No longer covered by Medicaid |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Discharged Patient's Destination | 317 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 7/1/74 |

DEFINITION

A code indicating the disposition of a patient after discharge from a hospital.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| A | Transferred to another short-term general hospital. |
| B | Discharged or transferred to a skilled nursing facility (SNF). |
| C | Discharged or transferred to an intermediate care facility (ICF). |
| D | Discharged or transferred to another institution. |
| E | Discharged to home or self-care (routine discharge). |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

(CONTINUATION SHEET)

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Discharged Patient's Disposition | 317 |

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| F | Discharged to home under care of an organized health service. |
| G | Left against medical advice. |
| H | Died. |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Destination Provider Number | 318 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

If the destination of a discharged recipient (see data element 317) is a medical facility, this is the provider number (data element 201, qq.v.) of the destination facility.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Previous Provider Number | 319 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The provider number (data element 201, qq.v.) of a medical facility from which the recipient was discharged immediately prior to his admission to another facility.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Patient Number | 32Ø |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

Any number assigned by a provider to a recipient or his claim for reference purposes.

**REMARKS**

**CODE EXPLANATION**

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Total Claim Charge | 321 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The sum of all charges associated with an individual claim.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Procedure Charge | 322 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| Ancillary Charge, Accommodation Charge | 8/1/71 |

**DEFINITION**

The charge for an individual procedure, cost center, or supply item as submitted by the provider.

**REMARKS**

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Drug Charge | 323 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The charge submitted for an individual drug.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Blood Furnished | 324 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The amount of whole blood or its equivalent furnished to a recipient.

REMARKS

Expressed as pints and half-pints.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Blood Replaced | 325 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

The amount of whole blood or its equivalent given by or for a recipient to replace blood furnished to a recipient.

**REMARKS**

Expressed in pints and half-pints.

**CODE EXPLANATION**

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Blood Not Replaced | 326 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The amount of whole blood or its equivalent furnished without replacement to a recipient and for which Medicaid will pay.

REMARKS

Expressed in pints and half-pints.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Units of Service | 327 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The units (e.g. days, visits, miles, injections) rendered to a recipient.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Third Party Liability Action | 328 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code indicating the action taken, if any, by third party sources on a recipient's claim.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 0 | No third party involved |
| 1 | Private insurance paid |
| 2 | Family or friends paid |
| 3 | Workmen's compensation paid |
| 4 | Paid as a result of litigation |
| 5 | Litigation pending |
| 6 | Third party resource won't cover claim |
| 9 | Other |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Third Party Payment Amount | 329 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The amount of payment rendered toward a claim by third party sources.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Medicare Cash Deductible Amount | 33Ø |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

The unmet Medicare deductible which is to be paid by Medicaid.

**REMARKS**

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Medicare Blood Deductible Amount | 331 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The unmet Medicare deductible for blood which is to be paid by Medicaid.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Medicare Coinsurance Charge | 332 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The Medicare coinsurance amount to be paid by Medicaid.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Medicare Coinsurance Days | 333 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number of days of Medicare covered service for which Medicaid will pay the coinsurance.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Credit Amount | 334 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

The amount to be credited to a provider's account.

**REMARKS**

**CODE EXPLANATION**

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Adjustment Amount | 335 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The amount (plus or minus) by which a provider's account is to be adjusted.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Adjustments to Units of Service | 336 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The amount by which a prior paid claim's units of service (data element 327; qq.v.) are to be adjusted.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Corrective Action Code | 337 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code indicating the nature of the corrective action to be taken on a suspensed claim transaction.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 1 | Change the contents of a specified transaction data field |
| 2 | Override the checks for a particular error condition |
| 3 | Disallow the transaction |
| 4 | Reject the transaction |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Corrected Field Contents | 338 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

If a field of a claim transaction is to be changed, this is the specification for the new contents.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Error Code to be Overridden | 339 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

Code identifying an error condition which is to be overridden.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Prior Authorization Control Number | 340 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A preprinted number appearing on a prior authorization request form. It is used to relate a claim requiring prior authorization to the authorization itself.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Adjustment Code | 341 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code specifying the reason for a gross adjustment to a provider's account.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 1 | Cost settlement adjustment |
| 2 | Advance of funds to provider |
| 3 | Recovery of advanced funds |
| 9 | Unspecified |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Date Claim Received | 342 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

The date upon which the claim transactions in a batch were received by the claims processing agency.

**REMARKS**

MM-DD-YY format.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Date Microfilmed | 343 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The date upon which the claim transactions in a batch were microfilmed.

REMARKS

MM-DD-YY format.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Date Manually Audited | 344 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The date upon which the claim transactions in a batch were manually audited.

REMARKS

MM-DD-YY format.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Date Entered EDP | 345 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

The date upon which a batch of transactions entered the EDP processing steps.

**REMARKS**

MM-DD-YY format.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Date Completed by EDP | 346 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The date upon which EDP audit trails indicate that a batch of claim transactions was completely processed.

REMARKS

MM-DD-YY format.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Check Amount | 347 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The face amount of a check which is returned by a provider.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Reason for Return | 348 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A provider's explanation for his return of a check to the claims processing agency.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Payment Amount | 349 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The computed payment amount due a provider for a claim transaction.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Date of Adjudication | 350 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The date upon which a claim transaction was paid or disallowed.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Adjudication Status | 351 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

A code indicating whether the adjudication of a claim transaction was "payment" or "disallowal".

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 1 | Transaction was paid |
| 2 | Transaction was disallowed |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Date of Entry | 352 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

The date upon which a claim transaction was initially placed in a computer file.

REMARKS

YDDD (Julian) format

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Transaction Status | 353 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code indicating the current status of a claim transaction.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 0 | Undergoing manual processing |
| 1 | Part of a rejection batch |
| 2 | Suspensed initially |
| 3 | Suspensed after correction attempts |
| 4 | Paid normally |
| 5 | Paid by overriding error condition |
| 6 | Disallowed |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Input Claims | 354 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number and dollar value of claims which are current input to the Claims Processing Subsystem.

REMARKS

See Output No. CP-O-1Ø.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Input Credits and Adjustments | 355 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number and dollar value of credits and adjustments which are current input to the Claims Processing Subsystem.

REMARKS

See Output No. CP-O-1Ø.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Input Prior Authorizations | 356 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number of Approved Prior Authorizations which are current input to the Claims Processing Subsystem.

REMARKS

See Output No. CP-O-1Ø.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Input Queries | 357 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number of queries which are current input to the Claims Processing Subsystem.

REMARKS

See Output No. CP-O-1Ø.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Suspense Claims | 358 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number and dollar value of claims in the Claims Processing Suspense File at the beginning of a process cycle.

REMARKS

See Output No. CP-O-1Ø.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Suspense Credits and Adjustments | 359 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number and dollar value of credits and adjustments residing in the Claims Processing Suspense File at the beginning of a process cycle.

REMARKS

See Output No. CP-O-1Ø.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Suspense Prior Authorizations | 36Ø |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number of Approved Prior Authorizations in the Claims Processing Suspense File at the beginning of a process cycle.

REMARKS

See Output No. CP-O-1Ø.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Previously Adjudicated Claims | 361 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number and dollar value of claims which have been adjudicated, but for which payment has not been made.

REMARKS

See Output No. CP-O-1Ø.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Previously Adjudicated Credits and Adjustments | 362 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number and dollar value of credits and adjustments which have been adjudicated but for which no payment has been made.

REMARKS

See Output No. CP-O-1Ø.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Suspense Transactions Deleted | 363 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number and dollar value of all claim transactions deleted from the Claims Processing Suspense File during a process cycle.

REMARKS

See Output No. CP-0-10.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Corrections to Charge Amounts | 364 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The net change to the dollar value of all suspense claim transactions.

REMARKS

See Output No. CP-O-1Ø.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Prior Authorizations Matched | 365 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number of Approved Prior Authorizations which were deleted from the Claims Processing Suspense File because the claim being authorized was received.

REMARKS

See Output No. CP-O-1Ø.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Adjudicated Claims Output | 366 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number and dollar value of adjudicated claims output by the Claims Processing Subsystem.

REMARKS

See Output No. CP-O-1Ø.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Adjudicated Credits and Adjustments Output | 367 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number and dollar value of adjudicated credits and adjustments output by the Claims Processing Subsystem at the conclusion of the process cycle.

REMARKS

See Output No. CP-O-1Ø.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Suspense Claims (Output) | 368 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number and dollar value of claims remaining in the Calims Processing Suspense File at the conclusion of a process cycle.

REMARKS

See Output No. CP-0-1Ø.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Suspense Credits and Adjustments (Output) | 369 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number and dollar value of credits and adjustments remaining in the Claims Processing Suspense File at the conclusion of a process cycle.

REMARKS

See Output No. CP-O-1Ø.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Suspense Prior Authorization Output | 37Ø |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number of Approved Prior Authorizations remaining in the Claims Processing Suspense File at the conclusion of a process cycle because no matching claim has been received.

REMARKS

See Output No. CP-O-1Ø.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Queries Printed | 371 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number of queries for which responses are printed.

REMARKS

See Output No. CP-O-1Ø.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Error Code | 372 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code appearing in a claim transaction indicating it contains an error condition. The code also identifies the error.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Date of Transaction Status | 373 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The date upon which the status of a claim transaction last changed.

REMARKS

MM-DD-YY format.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Date Entered Suspense | 374 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

The date upon which a claim transaction was initially suspensed.

**REMARKS**

MM-DD-YY format.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Number of Correction Attempts | 375 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number of times corrective action has been applied to a suspensed claim transaction in an attempt to adjudicate it.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Payment Date | 376 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The date upon which a payment instrument was generated for a claim transaction.

REMARKS

MM-DD-YY format.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Override Code | 377 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code(s) (data element 372, qq.v.) to indicate which error condition(s) to ignore during processing.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Date of Surgery | 378 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The date upon which the surgical portion of a claim was performed.

REMARKS

MM-DD-YY format.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Leave Days | 379 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number of days a recipient was on leave from a long-term care facility.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Allowable Procedure Payment | 38Ø |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The maximum allowed amount payable for a particular procedure, treatment, or drug.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Professional Fee | 381 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The amount allowed to a dispenser of drugs as compensation for his professional services.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Field to be Changed | 382 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

Identification of a transaction data field which is to be changed.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Requestor | 383 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

1) The provider number (data element 201,qq.v.) of a provider making a query.
2) The identification of a claims processing agency person making a query.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Type of Service | 384 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

A code indicating the type of service performed by a practitioner.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 1 | Medical |
| 2 | Surgical |
| 3 | Assistant at Surgery |
| 4 | Anesthesiology |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Third Party Followup Flag | 385 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code indicating that a claim, although paid, requires some third party follow-up.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 0 | No follow-up required |
| 1 | Diagnosis indicates possibility of workmen's compensation liability |
| 2 | Diagnosis indicates possibility of accident |
| 3 | Crossover claim for recipient who has no indication of Medicare coverage |
| 4 | Claim received of which a portion was paid by third party, but recipient is not indicated as having third party resources. |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Prescription Number | 386 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The number assigned to a prescription by a pharmacist when he fills it.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Approval Authority | 387 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The authority approving a gross adjustment or a request for prior authorization.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Screening Results Code | 388 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

A code which indicates the outcome of the various screening tests rendered. Minimum data collected should be any abnormal results.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 0 | No observed problems |
| 1 | Vision abnormal (Optometrist, Opthalmologist) |
| 2 | Hearing abnormal (Audiologist) |
| 3 | Dental abnormal (Dentist) |
| 4 | Lead poisoning abnormal |
| 9 | Other problems abnormal |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Screening Referral Code | 389 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

A code which indicates the nature of any referrals made as a result of screening.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 0 | Not Referred |
| 1 | Referred to Vision |
| 2 | Referred to Hearing |
| 3 | Referred to Dental |
| 4 | Referred to Medical |
| 9 | Referred to Other |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Screening Related Treatment | 390 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

A code which identifies procedures or services received as a result of screening.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 0 | Not screening related |
| 1 | Service is screening related diagnosis and/or treatment |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Family Planning Code | 391 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

A code indicating whether any diagnosis, treatment, drugs, supplies, devices, counseling service, or other billed services or materials are for the purpose of family planning.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Medicaid Deductible Amount | 392 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| Deductible, Annual Deductible | 12/Ø3/73 |

**DEFINITION**

The annual (or other period) amount which the recipient must pay toward the cost of medical services before Medicaid will begin to pay.

**REMARKS**

This deductible is optional in a State Medicaid Program. Note the differentiation between this data element and the Medicare Cash Deductible Amount (D.E. 330).

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Medicaid Copayment Amount | 393 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| Medicaid Coinsurance Amount, Coinsurance, Copayment | 12/Ø3/73 |

**DEFINITION**

The portion of the claim charge which the recipient must pay, normally called coinsurance when expressed as a percentage of the payment amount.

**REMARKS**

Copayments and coinsurance are optional in a State Medicaid Program. Note the differentiation between this data element and the Medicare Coinsurance Charge (D.E. 332).

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Operating Physician Number | 397 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 7/1/74 |

DEFINITION

The provider number (data element 201) of the physician performing surgery.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Nature of Admission | 398 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 7/1/74 |

DEFINITION

A code characterizing the necessity for a timely admission to the hospital.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| A | Emergency |
| B | Urgent |
| C | Elective |
| D | Newborn (i.e., born in the hospital) |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Certification Status | 399 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 7/1/74 |

DEFINITION

An indication of initial certification status of a patient in an institution.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| A | Preadmission certification performed. |
| B | Post-admission certification performed within 24 hours of admission. |
| C | Post-admission certification performed after 24 hours of stay. |
| D | Patient not certified. |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Certification/Recertification Date | 400 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 7/1/74 |

DEFINITION

The date of certification/recertification of recipient who has been admitted to institutional care.

REMARKS

Format MMDDYY. Converted to YYMMDD for processing as provided in the SRS Data Standards Catalog.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Certification Review Indicator | 401 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 7/1/74 |

DEFINITION

An indicator showing that review was made of certification of recipient who has been admitted to institutional care.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Days Certified Initially | 402 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 7/1/74 |

DEFINITION

The number of days stay certified initially for a patient in an institution.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Total Days Certified | 403 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 7/1/74 |

DEFINITION

The total number of days stay certified for a patient in an institution.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Number of Requests for Extension | 404 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 7/1/74 |

DEFINITION

The number of times an extension of certification of stay was requested for a patient in an institution.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Review Type | 405 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | |

**DEFINITION**

A code indicating the classification of review performed about care and services received by a patient and/or recommended for the patient under the State Medicaid Plan.

**REMARKS**

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| A | Admission Review |
| B | Utilization Review |
| C | Medical Review |
| D | Independent Professional Review |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Review Date | 406 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | |

**DEFINITION**

The date upon which a review was performed.

**REMARKS**

YY-MM-DD format

**CODE EXPLANATION**

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Review Outcome | 407 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | |

**DEFINITION**

A code indicating in summary form the decision of reviewer(s) in approving care and services for the patient under the State Medicaid Plan.

**REMARKS**

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| A | Admission |
| B | Transfer |
| C | Discharge |
| D | Approval for initial Length of Stay by Diagnosis. |
| E | Approval for extended Length of Stay by Diagnosis. |
| F | Approval for Stay not allowed by State Plan. |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| State Medical Assistance Unit Review Action | 408 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | |

DEFINITION

A code indicating in summary form the action taken by the Medical Assistance Unit as a result of a review.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| A | Recipient determined ineligible for services under the State Plan. |
| B | Recipient denied admission to institution for Medicaid services. |
| C | Payment for services partially denied. |
| D | Payment for service fully denied. |
| E | Provider made ineligible for payment. |
| F | Provider suspended from participation in the Medicaid program. |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Plan of Care Development Date | 409 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | |

DEFINITION

The date upon which a patient's Plan of Care was developed or revised.

REMARKS

YY-MM-DD format

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Treatment Orders Code | 410 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | |

DEFINITION

A code indicating the status of practitioner orders for the management and care of a patient.

REMARKS

Part of a Plan of Care for institutional services.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| A | Acceptable |
| B | Questionable |
| C | Absent |
| D | Unacceptable |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Medications Orders Code | 411 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | |

**DEFINITION**

A Code indicating the status of practitioner orders for medication of a patient.

**REMARKS**

Part of a Plan of Care for institutional services.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| A | Acceptable |
| B | Questionable |
| C | Absent |
| D | Unacceptable |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Restorative and Rehabilitative Services Orders Code | 412 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | |

DEFINITION

A code indicating the status of practitioner orders for restoration of body function or placement of device(s) for the normal body functioning of a patient.

REMARKS

Part of a Plan of Care for institutional services.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| A | Acceptable |
| B | Questionable |
| C | Absent |
| D | Unacceptable |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Diet Orders Code | 413 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | |

DEFINITION

A code indicating the status of practitioner orders for nutrition of a patient.

REMARKS

Part of a Plan of Care for institutional services.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| A | Acceptable |
| B | Questionable |
| C | Absent |
| D | Unacceptable |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Social Services Orders Code | 414 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | |

DEFINITION

A Code indicating the status of practitioner orders for social services needed by the patient.

REMARKS

Part of a Plan of Care for institutional services.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| A | Acceptable |
| B | Questionable |
| C | Absent |
| D | Unacceptable |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Continuing Care Plan and Discharge Plan Code | 415 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | |

DEFINITION

A Code indicating the status of practitioner plans for continuing care and discharge of the patient, including alternative care provisions.

REMARKS

Part of a Plan of Care for institutional services.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| A | Acceptable |
| B | Questionable |
| C | Absent |
| D | Unacceptable |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Activities Orders Code | 416 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | |

DEFINITION

A code indicating the status of practitioner orders for activities proper to the patient's condition.

REMARKS

Part of a Plan of Care for institutional services.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| A | Acceptable |
| B | Questionable |
| C | Absent |
| D | Unacceptable |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Procedure Code | 5ØØ |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code identifying a medical procedure.

REMARKS

XXXXX format.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | The most common codes used are the California Relative Value Scale (CRVS) or the Current Procedural Terminology (CPT). However, no code scheme is specifically recommended. |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Drug Code | 501 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code identifying a particular drug.

REMARKS

It is recommended that the National Drug Code be used.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Diagnosis Code | 5Ø2 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code identifying a diagnosed medical condition.

REMARKS

It is recommended that the International Classification of Diseases, adapted for use in the United States (ICDA) code be used.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Maximum Days Supply of Drug | 5Ø3 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The maximum supply of a drug that is allowed to be prescribed.

REMARKS

Expressed as Units of Measure (data element 513, qq.v.).

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Reference File Transaction Code | 504 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

A code indicating an action to be taken on a record in the Procedure, Diagnosis, and Formulary File.

**REMARKS**

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 1 | Add record |
| 2 | Change record |
| 3 | Delete record |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Drug Name | 505 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The official nomenclature for a drug accepted by the State.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Minimum Days Supply of Drug | 5Ø6 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The minimum supply of a drug that is allowed to be prescribed.

REMARKS

Expressed as Units of Measure (data element 513, qq. v.).

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Drug Wholesale Cost | 5Ø7 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| Wholesale Cost, Acquisition Cost, Red Book Cost, Blue Book Cost | 12/Ø3/73 |

**DEFINITION**

The definition of drug cost established by a State Plan as a basis for payment.

**REMARKS**

Expressed as a cost per unit of measure (data element 513, qq.v.).

**CODE EXPLANATION**

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Maximum Allowed Price | 5Ø8 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The maximum that will be paid for a procedure or service.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Drug Classification | 509 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The therapeutic group in which a drug is categorized.

REMARKS

Examples of therapeutic groups are antihistamines, tranquilizers, diuretics, etc.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Procedure Name | 510 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

The generally accepted nomenclature for a medical, surgical, dental, etc. procedure.

**REMARKS**

**CODE EXPLANATION**

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Diagnosis Name | 511 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The generally accepted nomenclature for a diagnosis.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Professional Fee Indicator | 512 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code indicating whether the dispensing of a particular drug warrants a professional fee.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 0 | Pay a professional fee |
| 1 | Do not pay a professional fee |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Unit of Measure | 513 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The unit by which a drug is dispensed (e.g. cc, capsule, tablet, etc.).

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Package Quantity | 514 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | |

DEFINITION

The quantity of a drug contained in a package.

REMARKS

Expressed in Units of Measure (data element 513, qq.v.).

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Reference File Change Field | 515 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The field in a Procedure, Diagnosis, and Formulary File record which is to be changed during update processing.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Procedure Indicator | 516 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

Indicates a listing of the "procedure section" of the Procedure, Diagnosis, and Formulary File is to be produced.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Procedure Format | 517 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

Indicates the format in which a procedure listing is to be produced.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 1 | Condensed format |
| 2 | Expanded format |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Diagnosis Indicator | 518 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

Indicates that a listing of the "diagnosis section" of the Procedure, Diagnosis, and Formulary File is to be produced.

**REMARKS**

**CODE EXPLANATION**

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Diagnosis Format | 519 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

Indicates the format in which a diagnosis listing is to be produced.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 1 | Condensed format |
| 2 | Expanded format |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Formulary Indicator | 52Ø |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

Indicates that a listing of the "formulary section" of the Procedure, Diagnosis, and Formulary File is to be produced.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Formulary Format | 521 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

Indicates the format in which a formulary listing is to be produced.

**REMARKS**

**CODE EXPLANATION**

| CODE | MEANING |
|---|---|
| 1 | Condensed format |
| 2 | Expanded format |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Listing Content | 522 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

Indicates which portions of the Claims Processing Suspense File are to be listed.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| AA | List entire file |
| EE | List only claims suspensed for lack of eligibility data |
| NN | List all claims over "NN" days old |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Listing Sequence | 523 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

Specifies the sequence in which the Claims Processing Suspense File is to be listed.

**REMARKS**

**CODE EXPLANATION**

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Valid Sex Indicator | 524 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

If a procedure or diagnosis is limited to one sex or the other, this specifies which sex.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Age Range Indicator | 525 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

If a procedure or diagnosis is limited to a particular age group, this specifies the age range of the group.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Region Code | 526 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code which identifies the area of a State in which a practitioner has his base of operations.

REMARKS

Generally, a Region Code will encompass several counties (data element 211, qq.v.) or parts thereof grouped for administrative and statistical purposes.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| CRVS Conversion Factor | 527 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

A factor used to compute allowable charges for various types of service identified by the California Relative Value Scale code.

**REMARKS**

**CODE EXPLANATION**

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Drug Cancellation Date | 528 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The date upon which a particular drug is no longer approved under the State Medicaid Plan.

REMARKS

MM-DD-YY format.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Medicaid Reasonable Charge | 529 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

The payment amount recognized as the reasonable charge for Medicaid. SRS program regulation 40-4 (c-4) limits payments to individual practitioners to the lessor of:

a. His actual charge for service.
b. The median of his charge for a given service derived from claims processed or for claims for services rendered during all of the calendar year preceding the start of the fiscal year in which the determination is made.
c. His reasonable charge recognized under Part B, Title XVIII.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Sub-File Indicator | 53Ø |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code which identifies the sub-file (procedure, formulary, or diagnosis) of which a record in the Procedure, Diagnosis, and Formulary File is a part.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 1 | Procedure sub-file |
| 2 | Diagnosis sub-file |
| 3 | Formulary sub-file |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Medicare Reasonable Charge | 531 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 7/1/74 |

DEFINITION

Payment amount recognized as the reasonable charge for Medicare.

REMARKS

Reasonable charge is determined as the lessor of:

1) The practitioner's reasonable charge as recognized by Medicare, Part B.
2) The prevailing charge recognized under Medicare, Part B, for similar services in the same area.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Medicare Procedure Code | 532 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

A code identifying a medical procedure under the Medicare program.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | The most common codes used are the California Relative Value Scale (CRVS) and the Current Procedural Terminology Code (CPT). |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Procedure Cross-Reference Status | 533 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 12/Ø3/73 |

DEFINITION

A code indicating how closely a Medicare procedure code relates to a Medicaid procedure code.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 0 | Codes identify identical procedures |
| 1 | Codes identify closely related, but not identical procedures |
| 2 | Codes can not be cross-referenced meaningfully |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Fiscal Year | 6Ø1 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The twelve month period between settlements of financial accounts.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Fiscal Month | 6Ø2 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

The monthly time interval in a fiscal year.

**REMARKS**

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Budgeted Amount | 6Ø3 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The planned expenditures for a given period of time.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Parameter Transaction Code | 7ØØ |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A two digit code, the first digit of which identifies the type of parameter transaction, and the second digit of which tells whether it is an addition, deletion, or change.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Report Group Code | 7Ø1 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A one digit code identifying major groups of reports within the S/UR Subsystem.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| 1 | Management summary reports |
| 2 | Summary Profile Reports |
| 3 | Treatment Analysis Reports |
| 4 | Claim Detail Report |
| 5 | Special Reports |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Class Group Code | 7Ø2 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A two digit user assigned code which identifies a classification of providers within a category of service or a classification of recipients. Used to establish peer groups for purposes of exception reporting.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Type Group Code | 7Ø3 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A two digit user assigned code used to group together provider type codes for purposes of exception processing.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Location Group Code | 704 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A two digit user assigned code used to group location codes of providers or recipients for purposes of exception processing.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | For illustrative purposes only: |
| 01 | Urban Locations |
| 02 | Rural Locations |
| | etc. |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Specialty Group Code | 705 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A two digit user assigned code used to group together Provider Specialty Codes for purposes of exception processing.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | For illustrative purposes only: |
| 01 | General Practice, Pediatrics, OB/GYN. |
| 02 | Ophthalmology, Otolaryngology |
| | etc. |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Age Group Code | 706 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A one digit user assigned code used for establishing age ranges for purposes of exception processing.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | For illustrative purposes only: |
| 1 | 0-5 years |
| 2 | 6-10 years |
| 3 | 11-17 years |
| | etc. |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Aid Group Code | 7Ø7 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A one digit user assigned code used to group Recipient Aid Categories for purposes of exception processing.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | For illustrative purposes only: |
| 1 | OAA, AB |
| 2 | AFDC, APTD |
| | etc. |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Report Section Code | 708 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

An alphanumeric code used to identify sections within S/UR reports.

REMARKS

See Output No. SU-O-11 for example.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Report Item Code | 709 |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

A two digit code used to identify items of data appearing on S/UR reports. This code is unique only within report sections.

**REMARKS**

See Output No. SU-O-11 for example.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Display Interval Code | 71Ø |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code specifying the time interval at which an individual S/UR report item is displayed in the S/UR report to which it is assigned.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | For illustrative purposes only: |
| Ø | No display |
| 1 | Display each cycle |
| 2 | Display every second cycle |
| | etc. |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Zero Suppress Code | 711 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code which will allow the user to suppress display of any S/UR Report Item having a value of zero. This code will override the Display Interval Code but will not override the Exception Interval Code.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Monthly Profile Value Range | 712 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A range of values defined by an upper exception control limit and a lower exception control limit which indicates the range within which the value of a Profile Report Item must fall to avoid exception.

REMARKS

The values for the Monthly Profile Value Range are specified for a one month time period and then extrapolated by the S/UR system to cover all other time periods.

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Profile Manual Override Code | 713 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code which allows the user to override, either on a permanent or temporary basis, the Monthly Profile Value Range generated by the S/UR subsystem for an individual Report Item.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Profile Exception Interval Code | 714 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code specifying the time interval at which an individual S/UR Report Item is subjected to exception processing by the S/UR subsystem.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | For illustrative purposes only: |
| Ø | No exception processing |
| 1 | Exception processing each cycle |
| 2 | Exception processing every second cycle |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Trend Line Value Range | 715 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A range of values defined by an upper exception control limit and a lower exception control limit which indicate the range within which the value of a S/UR Trend Line Rate Report Item must fall to avoid exception.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Trend Line Manual Override Code | 716 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code which allows the user to override, either on a permanent or temporary basis, the Trend Line value range generated by the S/UR Subsystem for an individual Report Item Trend Line Rate.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Trend Line Exception Interval Code | 717 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code specifying the time interval at which an individual S/UR Report Item Trend Line Rate is subjected to exception processing.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | For illustrative purposes only: |
| Ø | No exception processing |
| 1 | Exception processing each cycle |
| 2 | Exception processing every second cycle |
| | etc. |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Force Code | 718 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code which allows the user to force exception of an individual provider or recipient or any logical grouping of providers and recipients without regard to normal exception processing. Forced exception may be established as permanent or as temporary for one cycle.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Procedure/Ancillary Display Frequency | 719 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A minimum frequency of occurrence of a procedure or ancillary service with respect to a particular diagnosis. Any procedure or ancillary service with a frequency of occurrence less than the specified value will not be displayed on the Treatment Analysis Report concerned.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Procedure/Ancillary Display Interval Code | 72Ø |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code specifying the time interval at which individual procedure or ancillary service codes are to be displayed on the Treatment Analysis Report concerned.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | For illustrative purposes only: |
| Ø | No display |
| 1 | Display each cycle |
| 2 | Display every second cycle |
| | etc. |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Drug Display Frequency Limit | 721 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A minimum frequency of occurrence of a specific drug with respect to a particular diagnosis. Any drug with a frequency of occurrence less than the specified value will not be displayed on the Treatment Analysis Report concerned.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Drug Display Interval Code | 722 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code specifying the time interval at which individual drug codes are to be displayed on the Treatment Analysis Report concerned.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | For illustrative purposes only: |
| Ø | No display |
| 1 | Display each cycle |
| 2 | Display every second cycle |
| | etc. |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Treatment Report Item Value Range | 723 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A range of values defined by an upper exception control limit and a lower exception control limit which indicates the range within which the value of a Treatment Analysis Report Item must fall to avoid exception.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Treatment Exception Interval Code | 724 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code specifying the time interval at which an individual S/UR Treatment Analysis Report Item is subjected to exception processing.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | For illustrative purposes only: |
| Ø | No exception processing |
| 1 | Exception processing each cycle |
| 2 | Exception processing every second cycle |
| | etc. |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Exception Mode Code | 725 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code specifying to the S/UR Subsystem whether treatment analysis Reports will be produced on a normal exception processing basis, on a forced exception (selection) processing basis, or both.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Data Element Number | 726 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A unique number used to identify a specific Data Element maintained by the Model System.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Relational Operator | 727 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

An algebraic operator specifying relationships between Data Elements and/or Relational values in establishing an algebraic inequality expression.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| .GT. | Greater Than |
| .LT. | Less Than |
| .EQ. | Equal To |
| .NE. | Not Equal To |
| .GE. | Greater Than or Equal To |
| .LE. | Less Than or Equal To |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Relational Value | 728 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A literal value used as comparison for a data element value in establishing an algebraic inequality expression.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Logical Connector | 729 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A logical operator used to establish conjunction between algebraic inequality expressions in establishing a logical function.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| .AND. | And |
| .EOR. | Exclusive or |
| .IOR. | Inclusive or |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Heading Sequence Number | 73Ø |
| **ACCEPTABLE SYNONYMS AND ABBREVIATIONS** | **DATE** |
| | 8/1/71 |

**DEFINITION**

A two digit sequence number used by the Special Report Writer to identify report headings.

**REMARKS**

**CODE EXPLANATION**

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Heading Content | 731 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

The user specified content of report headings for the Special Report Writer Module.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Level Number | 732 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A two digit code identifying total levels for the Special Report Writer Module.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Print Control Code | 733 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code used by the Special Report Writer Module to determine which levels of totals and detail are to be printed.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Pseudo Data Element Number | 734 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A unique number assigned by the user to a Data Element created by computation in the Special Report Writer Module.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Arithmetic Operator | 735 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A symbol used to specify computations necessary to create Pseudo Data Elements.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| + | Addition |
| - | Subtraction |
| * | Multiplication |
| / | Division |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Field Width | 736 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code used to specify to the Special Report Writer the size of a data field to be printed.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Start Column | 737 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A code used by the Special Report Writer Module to specify the starting print column for a data field to be printed.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Edit Mask | 738 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A series of codes used by the Special Report Writer Module to determine the format in which to print a given data field.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Literal Value | 739 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

A numeric literal value used in arithmetic expressions which create Pseudo Data Elements.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

# DATA ELEMENT DEFINITION

| DATA ELEMENT NAME | DATA ELEMENT NO. |
|---|---|
| Recipient Age | 740 |
| ACCEPTABLE SYNONYMS AND ABBREVIATIONS | DATE |
| | 8/1/71 |

DEFINITION

Current age of a recipient as computed from Recipient Birth Date.

REMARKS

CODE EXPLANATION

| CODE | MEANING |
|---|---|
| | |



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# GLOSSARY

# DATA ELEMENT DICTIONARY

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